



Commissioner for Patents  
Washington, DC 20231  
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Bib Data Sheet

CONFIRMATION NO. 5390

<b>SERIAL NUMBER</b> 09/220,962	<b>FILING DATE</b> 12/28/1998 <b>RULE</b>	<b>CLASS</b> 379	<b>GROUP ART UNIT</b> 2645	<b>ATTORNEY DOCKET NO.</b> 81749-2	
<b>APPLICANTS</b> BRIAN CRUICKSHANK, OAKVILLE, CANADA; PAUL MICHAEL BRENNAN, TORONTO, CANADA; JOHN ERIC LUMSDEN, TORONTO, CANADA;					
<b>** CONTINUING DATA *****</b> <i>AA</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>AA</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/16/1999</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and Acknowledged <i>AA</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 77	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 26345					
<b>TITLE</b> GRAPHICAL MESSAGE NOTIFICATION					
<b>FILING FEE RECEIVED</b> 1994	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/220,962	12/28/98	379	2742	81749-2

APPLICANT  
BRIAN CRUICKSHANK, OAKVILLE, CANADA; PAUL MICHAEL BRENNAN, TORONTO, CANADA; JOHN ERIC LUMSDEN, TORONTO, CANADA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

*AA* 02/05/02

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

*AA* 02/05/02

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

*AA* 02/05/02

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 03/16/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CAX	SHEETS DRAWING 10	TOTAL CLAIMS 77	INDEPENDENT CLAIMS 4
Verified and Acknowledged <i>AA</i> Examiner's Initials Initials					

ADDRESS  
JOHN W KNOX  
SMART & BIGGAR  
SUITE 2200 - 650 W GEORGIA STREET  
BOX 11560 - VANCOUVER CENTER  
VANCOUVER BC V6B 4N8  
CANADA  
AIR MAIL

TITLE  
GRAPHICAL MESSAGE NOTIFICATION

FILING FEE RECEIVED \$1,994	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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